								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10,683727					
									10	16	<u>83'</u>	727	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OB	_	R THAN ENTITY	
T	OTAL CLAIM	S	17					RATE	FEE		RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F					
TO	OTAL CHARGE	ABLE CLAIMS	17 "	/7 minus 20=				X\$ 9=	 	\dashv	¥2.0	- 770.00	
IN	DEPENDENT (CLAIMS	4			. 4		X43=				06	
М	JLTIPLE DEPE	NDENT CLAIM I	PRESENT			-61					×00=	186	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=		
preamete 10.10.03								TOTAL	· L	OR	TOTAL	85G	
CLAIMSIAS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALI	L ENTITY	OR		THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING		HIGHE		PRESENT	ſ		ADDI-	7		ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAI FEE	-	RATE	TIONAL FEE	
	Total	+ 17	Minus	-20	Ų	=0		X\$ 9=		OR	X\$18=		
Z V	Independent	1. 4	Minus	*** 4	·	-0	ſ	X43=		OR	-X86-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										┨~``			
15,10 17							L	+145=		OR	+290=		
	·						Α	TOTAI DDIT. FEE		OR	TOTAL ADDIT. FEE		
-		(Column 1)	T	(Colum		(Column 3)	_						
B		REMAINING AFTER		NUMB	ER	PRESENT		RATE	ADDI- TIONAL	1 1	0.475	ADDI-	
AEN I	·	AMENDMENT		PAID F		EXTRA	L	nAIE	FEE	1 1	RATE	TIONAL FEE	
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N N	Independent	NTATION OF MU	Minus	SENIDENT (OL A14.6	-	Γ	X43=		OR	X86=		
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•								TOTAL		f L	TOTAL		
								DDIT. FEE		OR ,	DDIT. FEE		
J	<u> </u>	(Column 1) CLAIMS		(Column		(Column 3)	_						
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
5 C	Total		Minus	**		=	\vdash	X\$ 9=	FEE		X\$18=	FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X43=		OR	X86≐		
+145= OR +290=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** AD ** AD										OR .	TOTAL		
	ine Highest Nui	mber Previously Pa ber Previously Paid	id For IN THI	S SPACE is It	ess than	3 enter *3 *		DIT. FEE	oronriste ho	· A	DDIT. FEE L	——	
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